

OHPM (Provider Payments) 05-01-04-05 6147-090
Claims Paid December 2004

| Total Expenditures by Category of Service | Total Expenditures | Total Recipients | Average Cost per Recipient |
|---|--------------------|------------------|-------------------------------|
| INPATIENT HOSPITAL, GENERAL | \$ 6,378,315.32 | 2,192 | \$ 2,909.82 |
| OUTPATIENT HOSPITAL, GENERAL | 4,950,117.32 | 16,576 | 298.63 |
| PHYSICIANS SERVICES | 2,907,479.14 | 28,672 | 101.40 |
| DENTAL SERVICE | 1,295,962.05 | 7,073 | 183.23 |
| RURAL HEALTH CLINIC | 1,005,430.08 | 5,798 | 173.41 |
| FURNISHED MED SUP OR DME | 768,305.67 | 3,883 | 197.86 |
| HOME HEALTH SERVICES | 685,136.57 | 985 | 695.57 |
| PRIVATE DUTY NURSING | 555,961.56 | 94 | 5,914.48 |
| PSYCHOLOGY | 360,987.84 | 1,823 | 198.02 |
| SKILL NURSING FAC NURSING HOME | 302,597.03 | 141 | 2,146.08 |
| HOME&COMM BASED CARE - DI | 211,138.88 | 140 | 1,508.13 |
| OPTOMETRIC SERVICES EYEGLASSES | 137,644.45 | 3,235 | 42.55 |
| AMBULANCE SERVICE | 129,806.04 | 776 | 167.28 |
| MEDICAL SERVICES CLINIC | 105,088.27 | 434 | 242.14 |
| PERSONAL CARE | 95,864.00 | 54 | 1,775.26 |
| ADULT MEDICAL DAY CARE | 88,528.00 | 111 | 797.55 |
| FAMILY PLANNING SERVICES | 85,147.31 | 422 | 201.77 |
| WHEELCHAIR VAN | 73,334.00 | 247 | 296.90 |
| PHYSICAL THERAPY | 66,660.36 | 272 | 245.07 |
| LABORATORY (PATHOLOGY) | 60,673.83 | 1,294 | 46.89 |
| I/P HOSPITAL SWING BEDS, SNF | 48,768.03 | 14 | 3,483.43 |
| ADVANCE REG NURSE PRACT | 33,801.77 | 335 | 100.90 |
| CLINIC SERVICES | 25,599.46 | 271 | 94.46 |
| OCCUPATIONAL THERAPY | 16,362.62 | 73 | 224.15 |
| SNF NURSING HOME ATYPICAL CARE | 12,404.70 | 1 | 12,404.70 |
| PODIATRIST SERVICES | 10,266.21 | 280 | 36.67 |
| SPEECH THERAPY | 7,524.76 | 33 | 228.02 |
| CHIROPRACTIC | 5,424.49 | 174 | 31.18 |
| MENTAL HEALTH CENTER | 4,350.00 | 29 | 150.00 |
| AUDIOLOGY SERVICES | 3,591.96 | 105 | 34.21 |
| X-RAY SERVICES | 3,232.25 | 102 | 31.69 |
| CERTIFIED MIDWIFE (NON-NURSE) | 3,039.17 | 6 | 506.53 |
| DAY HABILITATION CENTER | 2,504.60 | 5 | 500.92 |
| CHILD HEALTH SUPPORT SERVICE | 68.00 | 1 | 68.00 |
| Subtotal Category of Service | \$ 20,441,115.74 | | |
| PROV SYS P/OUT NON CLM SPEC | 216,143.77 | | |
| INS PREM CARR SYS P/OUT | 23,714.97 | | |
| PROV REFUND NON CLM SPEC | (3,321.07) | | |
| PROV REFUND CLM SPEC | (25,001.18) | | |
| RECIP REFUND NON CLM SPEC | (58,164.38) | | |
| TPL CARR REFUND NON CLM SPEC | (73,014.36) | | |
| PROV RECOUP NON CLM SPEC | (357,683.46) | | |
| Financial Claims Adj/Refunds Subtotal | \$ (277,325.71) | | |
| IFS Transactions: | | | |
| Medicare Part A & B | 1,695,497.00 | | |
| BCCP | 58,581.84 | | |
| HIPP IFS | 3,892.00 | | |
| Current Yr Recoveries | (15,025.00) | | |
| Nursing Facility Supplemental | (2,357.50) | | |
| IFS PP Sub-Total | \$ 1,740,588.34 | | |
| Adjustments (Adjustments, Transfers) | 722,937.63 | | |
| Total Expenditures per IFS | \$ 22,627,316.00 | | |

Notes:

Claims paid data can provide misleading information on trends if billing behavior/timing changes
 Claims paid data can provide misleading information on trends unless seasonalities are accounted for.
 Data for Provider Payments includes Fund Code A, including new MEAD clients and expenditures.
 Refunds include various claim-specific and non claim-specific recoupments or refunds.
 IFS PP represents claims paid outside the medicaid claims system
 Funder 57 Report provides additional details on adjustments.
 Nursing Facility Supplemental - Medicaid Quality Incentive Program based on paid nursing facility bed days.
 Inpatient Hospital, General - Claims released as a result of the completion of the annual DRG (Diagnosis Related Grouping) update.
 5 weekly financial cycles

OHPM (Drugs) 05-01-04-05 6147-092
 Claims Paid December 2004

| <u>Total Expenditures by Category of Service</u> | <u>Total Expenditures</u> | <u>Total Recipients</u> | <u>Average Cost per Recipient</u> |
|--|---------------------------|-------------------------|-----------------------------------|
| DISPENSE PRESCRIBED DRUGS | \$11,447,229.90 | 40,788 | \$ 280.65 |
| BCCP | 9,572.38 | | |
| Sub-Total | 11,456,802.28 | | |
| Adjustments | (1,899.28) | | |
| Total Expenditures per IFS | <u>\$11,454,903.00</u> | | |

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Adjustment amt is the difference between interim adhoc reporting and IFS.

3 First Health Financial Cycles

DBH (Community Mental Health Expenditures) 05-01-11-04-01
Claims Paid December 2004

| <u>Total Expenditures by Category of Service</u> | <u>Total Expenditures</u> | <u>Total Recipients</u> | <u>Average Cost per Recipient</u> |
|--|-------------------------------|-------------------------|---------------------------------------|
| MENTAL ILLNESS MGT SVCS (MIMS) | \$ 3,462,331.00 | 3,717 | \$ 931.49 |
| CASE MANAGEMENT SERVICES | 2,456,315.00 | 5,215 | 471.01 |
| PSYCHOTHERAPY SERVICES | 513,133.00 | 3,330 | 154.09 |
| ALL PSYCHIATRIC SERVICES | 297,498.00 | 3,337 | 89.15 |
| OTHER MEDICAID SERVICES | 493.00 | 27 | 18.26 |
| ACUTE SERVICES | 162,098.00 | 349 | 464.46 |
| FAMILY SERVICES | 190,227.00 | 1,162 | 163.71 |
| Total Expenditures | <u>\$ 7,082,095.00</u> | | |

Notes:

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Data for CMH expenditures includes Fund Code H

DEAS (Provider Payments) 05-01-10-04 6173-096
Claims Paid December 2004

| Total Expenditures by Category of Service | Total Expenditures | Total Recipients | Average Cost per Recipient |
|---|------------------------|------------------|----------------------------|
| DISPENSE PRESCRIBED DRUGS | \$ 2,977,694.13 | 6,135 | \$ 485.36 |
| SKILL NURSING FAC NURSING HOME | 342,376.66 | 487 | 703.03 |
| SNF NURSING HOME ATYPICAL CARE | 320,122.46 | 24 | 13,338.44 |
| PERSONAL CARE | 210,904.00 | 112 | 1,883.07 |
| INPATIENT HOSPITAL, GENERAL | 198,689.94 | 225 | 883.07 |
| WHEELCHAIR VAN | 184,169.00 | 803 | 229.35 |
| OUTPATIENT HOSPITAL, GENERAL | 163,910.90 | 1,145 | 143.15 |
| FURNISHED MED SUP OR DME | 103,572.75 | 685 | 151.20 |
| PHYSICIANS SERVICES | 76,445.07 | 2,494 | 30.65 |
| ADULT MEDICAL DAY CARE | 45,152.00 | 73 | 618.52 |
| I/P HOSPITAL SWING BEDS, SNF | 33,194.32 | 11 | 3,017.67 |
| RURAL HEALTH CLINIC | 13,919.00 | 347 | 40.11 |
| AMBULANCE SERVICE | 12,373.77 | 291 | 42.52 |
| OPTOMETRIC SERVICES EYEGLASSES | 5,256.33 | 208 | 25.27 |
| PODIATRIST SERVICES | 2,493.43 | 179 | 13.93 |
| LABORATORY (PATHOLOGY) | 2,090.07 | 42 | 49.76 |
| DENTAL SERVICE | 2,085.00 | 10 | 208.50 |
| PSYCHOLOGY | 1,305.18 | 25 | 52.21 |
| ADVANCE REG NURSE PRACT | 693.76 | 29 | 23.92 |
| HOME HEALTH SERVICES | 677.11 | 8 | 84.64 |
| I/P HOSPITAL SWING BEDS, ICF | 598.89 | 1 | 598.89 |
| MEDICAL SERVICES CLINIC | 372.68 | 7 | 53.24 |
| OCCUPATIONAL THERAPY | 188.99 | 2 | 94.50 |
| PHYSICAL THERAPY | 155.19 | 7 | 22.17 |
| AUDIOLOGY SERVICES | 102.00 | 4 | 25.50 |
| CHIROPRACTIC | 79.08 | 2 | 39.54 |
| X-RAY SERVICES | 67.70 | 6 | 11.28 |
| CLINIC SERVICES | 8.30 | 2 | 4.15 |
| Subtotal Category of Service | \$ 4,698,697.71 | | |
| PROV REFUND CLM SPEC | (970.69) | | |
| Nursing Facility Supplemental | (32,833.10) | | |
| Adjustments (Adjustments, Transfers) | (63.12) | | |
| Total Expenditures per IFS | <u>\$ 4,664,830.80</u> | | |

Notes:

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Claims paid data can provide misleading information on trends unless seasonalities are accounted for.

Funder 57 Report provides additional details on adjustments.

Data for BEAS Provider Payments represents Fund Code J costs.

Nursing Facility Supplemental - Medicaid Quality Incentive Program based on paid nursing facility bed days.

Inpatient Hospital, General - Claims released as a result of the completion of the annual DRG (Diagnosis Related Grouping) update.

3 First Health Financial Cycles

5 weekly MMIS financial cycles

DEAS (Nursing Home) 05-01-10-04 6173-090
Claims paid December 2004

| <u>Total Expenditures by Category of Service</u> | <u>Total Expenditures</u> | <u>Total Recipients</u> | <u>Average Cost per Recipient</u> |
|--|---------------------------|-------------------------|-----------------------------------|
| INTERMED CARE FAC NURSE HOME | \$13,975,937.88 | 4,363 | \$ 3,203.29 |
| ICF NURSING HOME ATYPICAL CARE | 302,953.07 | 54 | 5,610.24 |
| SKILL NURSING FAC NURSING HOME | 9,431.29 | 4 | 2,357.82 |
| Subtotal Category of Service | 14,288,322.24 | | |
| Nursing Facility Supplemental | (13,287,747.00) | | |
| Adjustments | 33,453.16 | | |
| Nursing Home Expenditures per IFS | <u>\$ 1,034,028.40</u> | | |

Notes:

Claims paid data can provide misleading information on trends if billing behavior/timing changes

Claims paid data can provide misleading information on trends unless seasonalities are accounted for.

Data for Nursing Home payments includes only Fund Code B

Funder 57 Report provides additional details on adjustments.

Nursing Facility Supplemental - Medicaid Quality Incentive Program based on paid nursing facility bed days.

This payment is made from 6173-090 and subsequently transferred to 6173-097.

The transfer of (\$13,287,747.00) is the corresponding entry to the November payment.

DDS 05-01-13-01-00
 Claims paid December 2004

| <u>Total Expenditures by Category of Service</u> | <u>Total Expenditures</u> | <u>Total Recipients</u> | <u>Average Cost per Recipient</u> |
|--|---------------------------|-------------------------|-----------------------------------|
| Case Management | \$ 683,769.64 | 2,614 | \$ 261.58 |
| Personal Care (Residential) Services | 6,509,986.81 | 1,457 | 4,468.08 |
| Day Services | 2,630,518.00 | 1,534 | 1,714.81 |
| Family Support Services | 96,469.37 | 252 | 382.81 |
| Other Specialized Services | 90,888.80 | 86 | 1,056.85 |
| Consumer Directed Services | 99,134.86 | 26 | 3,812.88 |
| Early Intervention | 360,643.60 | 501 | 719.85 |
| Total Expenditures | <u>\$10,471,411.08</u> | | |

Notes:

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Claims paid data can provide misleading information on trends unless seasonalities are accounted for.